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In This Issue . . .

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ILDREN'S BUREAU

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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

GENERAL CHILD WELFARE

Current National Developments and Problems in Public-Welfare Services for Children[1]

By Katharine F. Lenroot
Chief, U. S. Children's Bureau

When this war is over, every nation will be concerned about the stamina of its people and their capacity and preparation for the long, uphill road leading to the realization of the aims for which the war has been fought. Already conferences are being held concerning monetary, trade, and transport arrangements which will be possible among nations committed to the organization of the world for peace. Behind all such arrangements, and especially behind commitments for world security, determining their effectiveness or their futility, will be the character, intelligence, purpose, and will of the men and women who now make up the citizenship of the nations, and the children who will be the citizens of the future.

Sober consideration of these facts would lead us to conclude that the most important issues that will confront us at the close of this war will have to do with the children and youth of this Nation and of other nations.

In the United States there are 130,000,000 people, of whom 40,000,000 are under the age of 18 years. Forty-four percent of our people live in rural areas. We are a Nation of diverse races and national origins, a mobile people, migrating thousands of miles in search of jobs, cultural opportunities, climate, or even for the sake of a change. The population of our cities is replenished from the country, where the birth rate is higher but the chances for a comfortable standard of living, for health protection, education, professional and cultural advantages are on the whole inferior. Standards of living for many of our people are the highest in the world, but at the same time a substantial proportion live below the subsistence level. In 1939, more than one-third of the families that consist of a male head and his wife, with children under 18 years of age, and whose livelihood was derived entirely from salaries or wages, had incomes of less than $1,000 a year, and three-fourths had less than $2,000.

Two groups of the population are predominantly among those having least access to economic security, education, community services, and social acceptability—the racial minorities, especially the Negroes and the Spanish-Americans, with post-war problems of Japanese-American children looming large; and the families of migrant agricultural laborers. Problems of urban migration for war work which are so acute will become even more serious, as far as economic and social problems are concerned, in the reconversion period. Next to the winning of the war the establishment of justice and opportunity for all, regardless of race or residence, is the greatest challenge to our American civilization.

Problems of family adjustment bearing heavily upon the emotional security and development of children will be very great in many families of returned veterans and of women war workers.

Evidence of the serious inadequacies in the health protection and medical care available to the children of this country is found in the rejection in a recent period of nearly 50 percent of the men examined for the armed forces. The groundwork for national health and physical fitness must be laid through a program that begins with prenatal care for the mother and extends through all the stages of infancy, childhood, and adolescence. Money invested in a comprehensive program that would assure access to health services and medical care for all, and in a nutritional program directed toward an adequate level of nutrition for all children and youth, would contribute more to physical fitness and national preparedness than any other one measure.

On the whole, we have accepted a standard of required school attendance higher than that of any other Nation in the world. There is widespread agreement that children should remain in school, or under school supervision if employed

[1]Given at North Central regional meeting of American Public Welfare Association, Chicago, December 13, 1944.

part time, until graduation from high school or until the age of 18 years. On the other hand, large numbers of young men have been found unfit for military service because they were unable to read and write according to fourth-grade standards as established by the Army.

During the war we have not placed sufficient emphasis upon what a child needs from his mother and what contribution the mother makes when she devotes the major part of her time and attention to the management of a home and the care of young children. Wage policies and other economic foundations for family income should certainly be such as to leave a mother free to choose whether or not to divide her time between her home and gainful employment, and social attitudes should give full recognition to the importance of the parent-child relationship. Revision of public-assistance policies in this direction is urgently needed in many places. For children whose mothers are employed, for whatever reason, a broad and coordinated program of community services is essential, with guidance and supervision from State agencies and assistance from State and Federal funds. These services should be planned through community-wide committees, with the schools responsible for the development of nursery schools and kindergartens for children of preschool age, and extended school services for school-age children, available to all for whom they are appropriate and whose parents desire such services. In addition, for those children of working mothers for whom home and school services available are not sufficient, welfare departments have primary responsibility for making available such services and facilities as counseling service, homemaker service, day nurseries, and foster-home care. Experience has shown that group care is not appropriate for infants. Infants need individual care and mothering such as can be provided in a foster home.

Child labor has trebled during the war, and must be curtailed in the reconversion period. Plans must be made for young workers who may face unemployment during demobilization and for those who will be ready to leave school at that time. The problems of adjustment for these young workers may be as serious as the problems of returning veterans. Educational and vocational plans for youth will be greatly affected by whatever decisions are made with reference to universal military training or military service.

Many children, hundreds of thousands, lack entirely the protection of their natural parents by reason of death or other circumstances. It is of the utmost importance that all services for these children be reviewed and maintained at the highest possible point of effectiveness. During the war the child-caring institutions and agencies of this country have had their services seriously impaired by personnel shortages, lack of foster homes, and in many cases a greater volume of service required. Problems of illegitimacy and juvenile delinquency have reportedly increased. We have as many children in jail today, and detained under as bad conditions, as we had, I venture to say, two generations ago. These conditions cannot be tolerated after the war has been won—they are serious drains on the national well-being in wartime. We must take the opportunities presented in the period of reconversion to review and strengthen in every possible way those services which represent the special responsibility of society for children without parental care, guidance, and protection.

Legal procedures as well as social services need to be revamped to accord with our present resources for understanding and meeting children's needs. Some progress has been made in recent years in improving adoption procedures and placing certain responsibilities with reference to adoption on the State welfare departments. The law of guardianship and its administration have not been affected materially by modern understanding of the needs of children and the principles of social service. Studies of the administration of guardianship services and the needs of children in receipt of benefits of various kinds who do not have the protection of regular guardians should be made, with a view to developing recommendations for State, and possibly Federal, legislation.

We have shamefully neglected the development of comprehensive programs for the mentally deficient of whom there are hundreds of thousands under the age of 20 years, most of them without any social care or protection. We have hardly made a beginning in meeting the social needs of physically handicapped children and are reaching only a small proportion with medical care and educational service. Child-guidance services in this country are woefully inadequate. There are not more than 40 full-time child-guidance clinics in this country staffed by psychiatrists, psychologists, and psychiatric-social workers and accredited for training personnel.

For all these services we have an immense task in recruiting and training personnel, and providing in-service training and supervision for those who must be employed without having full professional qualifications.

Recreation and leisure-time services have been found more than ever necessary to counteract wartime strain and insecurity. The relationships between case-work and group-work agencies are seen as of greater importance than formerly.

War, or other crisis, reveals the impossibility of maintaining services in watertight professional or administrative compartments. Child care, juvenile delinquency, protection of employed youth in agriculture or in industry, programs of medical care for the wives and infants of the men in the armed services, all reveal the necessity of planning and cooperative activity that includes many different public and private agencies and many professional groups. Social needs come to the surface in widespread health programs and must be met if health service is to be fully effective. The police, facing unprecedented needs for service to children who are delinquent or in need of protection, find barriers of lack of understanding on the part of social agencies and gaps in their services. Ways must be found for bringing closer together in understanding and program the health, educational, recreational, social-welfare, and law-enforcement agencies.

What are the responsibilities of State and local welfare departments with regard to this multiplicity of problems, many of them not seeming to come clearly within the scope of any single agency?

Under our form of government the States have greater power than either the Federal or local governments to assure to children or to other weak and helpless people freedom from neglect and abuse and greater power to assure care when natural protection or guardianship is lacking or inadequate. The States, under our legal system, took over certain responsibilities and powers which in English law had been vested in the Crown. This fact lends added weight to the importance of relating Federal action in behalf of children to State programs and services, as is possible under a grants-in-aid system.

As Grace Abbott pointed out, the State has recognized certain obligations toward children in fields of education, employment, and health. "For these children who are wholly dependent upon the State, who are especially handicapped by reason of birth or physical or mental defect, who are becoming delinquent or are delinquent, the State has a special responsibility."[2]

Generally speaking, however, Miss Abbott pointed out, the State has undertaken to provide for children requiring special care only when the evidence of need makes such care inevitable. State departments of social welfare developed in the latter half of the nineteenth century around an institutional program. Later placing-out systems were developed, the State boards of charity were given general powers of investigation and recommendation with reference to charitable and correctional institutions and child-placing agencies, and later were given responsibility for licensing and inspection of boarding homes, agencies, and institutions, approval of incorporation of charitable organizations, and in some States supervision over local public institutions. About the time of the last war, a movement for county organization and public-welfare or child-welfare services related to State welfare departments, developed in a number of States, including Alabama, North Carolina, Minnesota, and New York. Certain responsibilities for mothers'-aid administration were vested in State welfare departments in many States prior to the passage of the Social Security Act.

Functions of institutional care, child placing, child protection, and in some States assistance in the development of local services for children were the chief ways in which public welfare departments touched the lives of children prior to the great depression. Then came the era of development of State welfare agencies whose duties in the administration of relief and public assistance far overshadowed their other functions. Frequently special State agencies were set up with relief functions alone, later to be merged with or to transfer their duties to State welfare agencies. To quote from Grace Abbott's discussion of the administration of child-welfare services:

> "The danger is always that the children's program, although of basic importance, may be overlooked or ignored as the pressure of numbers receiving general relief or old-age assistance and of the public interested in the aged and unemployed may absorb the attention of Federal, State, and county directors to the exclusion of other important and necessary programs.
>
> "Except for the fact that the Social Security Act provided for the Federal grants-in-aid for child-welfare services and thus made possible increases in the professional staff of the child-welfare divisions or bureaus in the State departments as well as more assistance for county programs, the children's services, although better developed than the general public welfare services before the depression, might not have shared in the general advance of the last few years.
>
> "Children, it should be repeated, are not pocket editions of adults. Because childhood is a period of physical and mental growth and development, a period of preparation for adult responsibility in public and private life, a program for children cannot be merely an adaptation of the program for adults, nor should it be curtailed during the periods of depression or emergency expansion of other programs."[2]

Social work, at first under private auspices, has developed a philosophy and a method of dealing with human problems which we term "social case treatment." The values of this philosophy and this method have become increasingly clear as we view a world in which families and individuals

[2]Abbott, Grace: The Child and the State. Vol. II, p. 611. University of Chicago Press.

[2]Ibid., pp. 618-619.

have had their lives broken, uprooted, diverted into new relationships and modes of thought and behavior. The need for social case treatment will be so great in the years just ahead, that we must do our utmost to clarify its function and the way in which it may be developed to be of maximum service to all who need and will take advantage of such help—the economically self-sufficient case as well as the economically needy. It is particularly important that such services be available to children, who must be understood and dealt with as part of the family, but who will frequently need to be the focus of the treatment process. Such treatment must be based upon the responsibilities and the authority of the family and of the State with reference to those below the age of legal majority. It must be related to all forms of care that may be needed for children in their own homes or under some form of foster care. It must be carried on by those especially prepared to work with children as well as having a broad background of general preparation in the social case-work field.

May it not be possible to think of developing within the local welfare department a central unit for case-work service, related closely to the "outpost" social services that are coming to be recognized as an essential part of health, educational, recreational, or other forms of community service? The social worker in these "outposts" of social work will foster the development of housing, employment, health or educational or recreational programs, or of the work of the police and the courts, on the basis of a realistic understanding of individual needs, and will help to work out conflicts and gaps in the social adjustment of the child who is served in one of these programs. But for those who require much more comprehensive and prolonged treatment, reference would be made to the central case-work service of the welfare department. It would, of course, be necessary to develop community-wide planning in which both public and private agencies found their places in meeting total needs.

The relationship of the services outlined above to the public-assistance services would need to be worked out to assure the full development and effective correlation of all parts of the social welfare program and the necessary social services to families receiving assistance.

Specialized child-welfare service could be related to such a central core of case-work service through interchange of experience and methods, and through placing in the children's division responsibility for the development of close relationships with the "outpost" service and for special service in cases presenting problems beyond the scope of the general case-work service. Such specialized service to children would be supplied to children's divisions in the more populous units, and through the services of regional or district workers on State staffs in the less populous. As to the technical aspects of the program the local child-welfare workers would need direct access to the child-welfare consultants and supervisors on the staff of the State welfare agency.

BOOK NOTES

TEEN-AGE CENTERS; a bird's-eye view. National Recreation Association, 315 Fourth Avenue, New York 10, 1944. 23 pp. 10 cents.

This booklet emphasizes several principles in the development of teen-age centers, as follows: Cooperative planning between youth and adults, importance of qualified adult leadership, the relationship of teen-age centers to existing youth-serving agencies, and full use of community resources. The usual forms of organization, financing, and activities that have been found successful in these centers are described. Like the other publications of the National Recreation Association on this subject, this publication should be helpful to communities in establishing and strengthening programs of recreation for youth.

ADOLESCENTS IN WARTIME. The Annals of the American Academy of Political and Social Science, Vol. 236 (November 1944).

The problems of children passing through the trying stage of adolescence in the midst of a war of world-wide dimensions are discussed in this special issue of the Annals of the American Academy of Political and Social Science by workers in various fields of child welfare. Among the chapters are: Social Significance of the War Impact on Adolescents, by James S. Plant; The Changing Picture of Child Labor, by Gertrude Folks Zimand; Customary Stresses and Strains of Adolescence, by Caroline B. Zachry; and Youth and Government, by Katharine F. Lenroot.

A 16-Year Minimum Age for Employment Proposed for 1945 Legislative Action

Increasing wartime labor shortages and unlimited employment demands for young people of school age have caused large numbers of them to take jobs during the war period. These young people have contributed greatly to the productive power of the Nation, but their contribution has been made at the expense of their education. This means a lowering of the educational achievement of the young persons who will soon take up the duties of adult citizenship. Moreover, many younger children still in school have acquired the idea that interrupting school attendance for work is an accepted thing to do.

Adoption of a program to reduce the employment of persons under 18 and to improve opportunities for the Nation's young people to continue their education through high school has become urgent. A first step in this program is the establishment of a basic 16-year minimum age for employment in States where such a standard is not now in effect. Most State child-labor laws now set a lower minimum age (see p. 108). Forty-four State legislatures will meet in regular session during 1945. Before these legislatures meet again, cutbacks in war production and lessened demand for the youngest workers are likely to emphasize the need for a higher minimum-age standard. Amendments to child-labor laws that are necessary to reach the recommended objective, therefore, should be proposed to the State legislatures meeting in 1945.

The Proposed Standard

It is recommended that State child-labor laws be amended so as to provide that no minor under 16 years of age shall be employed, permitted, or suffered to work in any gainful occupation during school hours, and that no minor under 16 years of age shall be employed, permitted, or suffered to work in or in connection with any manufacturing or mechanical establishment.

To avoid any possible objection to the raising of State child-labor standards during the period of war production, when large numbers of young workers are employed, deferred effective dates might be provided. The proposed amendment might be made effective on the date of the termination of hostilities of the present war as declared by Presidential proclamation or by joint resolution of the Congress of the United States, or at an earlier date if labor requirements warrant it. The effective date should be set so as to give employers time to make necessary readjustments.

Purpose of Recommended Standard

The purpose of the 16-year minimum standard is to give young people an opportunity to obtain at least the minimum education that is necessary for good citizenship and satisfying lives, to protect children from premature or harmful employment, and to give them opportunity for developing physically and mentally to their fullest capacity. In the post-war period, when competition for jobs will become greater, persons uneducated or physically below par will be handicapped. They may become a burden instead of an asset to themselves and the community. The need for maintaining present minimum-age standards has been given public support even during periods of peak war production when labor standards are under extreme pressure, and comparatively few modifications have occurred in pre-war minimum ages for entrance into employment.

The inevitable reduction in manpower needs that will accompany the termination of hostilities and curtailment of war production will lessen the unprecedented demand for young workers and thus offer an unrivaled opportunity to obtain this 16-year minimum-age standard for employment. Such a standard not only will assure the youth of the country better mental and physical development but at the same time will lessen the impact of unemployment in the reconversion period by delaying the entrance of young persons into jobs.

Amount of Employment and Effect on School Enrollments

Estimates made by the Children's Bureau from data supplied by the Bureau of the Census show that in April 1944 nearly 3,000,000 boys and girls 14 through 17 years of age were working full-time or part-time—three times as many as were

at work when the census was taken in March 1940. Half of the three million were out of school and at work and half were working while also continuing in school. Nearly a million were 14 or 15—almost one out of every five children of these ages; of this million who were under the basic minimum age for employment herein recommended, about 250,000 were out of school and working full time.

Many of these young workers have been employed under conditions not consistent with the peacetime economy that this country is seeking for the era after the war. Many have been employed illegally. There has been a sharp rise in child-labor violations of State laws, as shown by reports from State labor officials, and violations also of child-labor provisions of Federal law. For example, in the last 6 months of 1943, 3,667 minors in 1,314 establishments were found illegally employed in violation of the child-labor provisions of the Fair Labor Standards Act. In this 6-month period, almost two and a half times as many establishments were found violating the provisions, and more than twice as many minors were found illegally employed, as in the entire year ended June 30, 1941.

Increased employment of school-age youth has resulted in a marked decline in high-school enrollment. Estimates of the United States Office of Education show that in the school year 1943-44, a million fewer pupils were enrolled in high schools than in the school year 1940-41. This was a drop of 14 percent. Many cities report larger decreases.

The great increase in child labor, accompanied by the drop in high-school enrollment, emphasizes the importance of taking steps during the transition from war to peace to direct toward further training youth who may then be crowded out of the labor market, as well as to retain the children under 16 years in school.

Extent to Which Child-Labor Laws Now Establish a 16-Year Minimum Age

The proposed standard would approximate the minimum age fixed under the Fair Labor Standards Act of 1938, which, however, applies only to establishments producing goods for shipment in interstate or foreign commerce.

Fifteen States have already adopted child-labor laws that meet this standard in full or in part. Two of these 15 States—New Jersey and New York—have a minimum-age requirement that equals the standard. Seven States—Louisiana, North Carolina, Pennsylvania, Rhode Island, South Carolina, Utah, and West Virginia—have a minimum age of 16 for employment in manufacturing establishments at any time, and for employment during school hours with the exception of employment in agriculture and, usually, domestic service.

Of the six remaining States approaching the proposed standard, three—Connecticut, Florida, and Montana—equal it for factory employment but permit employment under 16 during school hours not only in agriculture and domestic service but in certain other types of nonfactory employment. Ohio has a 16-year minimum for all work during school hours and Wisconsin for all except in agriculture, but both permit factory employment at 14 outside school hours. Massachusetts allows discretionary exemptions from the 16-year minimum during school hours or in manufacturing establishments on special permit.

Thirty-three States have a basic minimum age of less than 16 years for employment in manufacturing establishments or for employment during school hours. This basic minimum age is 14 years in 28 States: Alabama, Arizona, Arkansas, Colorado, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Vermont, Virginia, Washington. The minimum age is 15 years in four States: California, Maine, Michigan, and Texas. One State—Wyoming—establishes no minimum age for employment; however, children under 16 required by law to attend school may not be employed during the time the public schools of the school district in which the child resides are in session.

Proposed Standard Widely Recommended

The suggested 16-year minimum age for employment is widely recognized as a desirable goal in child-labor legislation and has received the approval of national organizations and national conferences, labor commissioners, and others concerned with promoting the best interests of children.

The 1940 White House Conference on Children in a Democracy—as well as the earlier 1930 White House Conference on Child Health and Protection—included in its recommendations a basic minimum age of 16 for employment.

The International Association of Governmental Labor Officials, which is made up primarily of State and Federal labor-law administrators, recommends as one of the basic standards for State child-labor legislation, a 16-year minimum age for all employment during school hours and for all factory work at any time. It has consistently supported this recommendation throughout the past decade.

The National Conference on Labor Legislation

has recommended revision of State child-labor laws to provide a basic 16-year minimum age for employment. These conferences, called annually by the Secretary of Labor, are made up of representatives of State labor departments and organized labor groups in the States, as well as representatives of National labor organizations, such as the American Federation of Labor and the Congress of Industrial Organizations, and of other National groups interested in labor legislation and administration.

Related Problems

A State considering the amendment of its child-labor law to establish a 16-year minimum age applicable to manufacturing and mechanical establishments at any time and to any employment during school hours, should also give attention to the minimum age for work outside school hours. The existing minimum age should be retained or, if it does not provide sufficient protection, a more adequate standard for such employment should be set.

In some States consideration might be given at the same time to strengthening or extending other protective measures in their child-labor laws, including regulation of hours of work, protection from night work and hazardous occupations, employment or age-certificate requirements, and other administrative provisions for the adequate enforcement of the law.

The proposal for a 16-year minimum age for employment follows recommendations in Goals for Children and Youth in the Transition From War to Peace, adopted March 18, 1944, by the National Commission on Children in Wartime. It has been approved by the Children's Bureau General Advisory Committee on Protection of Young Workers and by the Committee on Plans for Children and Youth of the National Commission.

Reprints of this article, and a kit of reference material for use in programs to raise the minimum age for employment, are available from the Children's Bureau on request.

Recent Resolutions and Recommendations on Child Labor and Education

AMERICAN FEDERATION OF LABOR 64TH ANNUAL CONVENTION, NEW ORLEANS, NOVEMBER 20, 1944

* * * The time has come for State federations of labor to demand action * * * in the State capitals. Every State ought to have * * *

3. A 16-year minimum for the employment of children.

* * *

In those States whose laws do not provide adequate protection to the workers, the State federations of labor, through their State legislatures, [should] marshal all their economic strength to remedy any and all shortcomings that may exist.

SEVENTH CONSTITUTIONAL CONVENTION OF THE CONGRESS OF INDUSTRIAL ORGANIZATIONS, CHICAGO, NOVEMBER 20–24, 1944

* * *

Resolution No. 30, Education

* * *

Resolved, (1) We call upon Congress to enact legislation which has been pending for a long time to provide Federal aid to States for expanding and developing full educational facilities so all Americans shall be able to enjoy the full benefits of education;

(2) We endorse a national adult educational program and urge the Congress of the United States to appropriate Federal funds to promote a national adult educational program in cooperation with the several States and administrative agencies thereof.

Resolution No. 31, Youth Security

Whereas (1) Post-war employment, education, and security are a major concern of young people, as well as of labor, industry, and government, and according to current estimates about 5 million men and women in the Armed Forces who will be demobilized will be under 22, and 2 million under 21, and * * *

Resolved, that this C.I.O. convention go on record for

(1) A broad government program for training and retraining young workers in new vocations or at higher skills to be put into operation during the reconversion period;

(2) The participation of labor, industry, and government in reestablishing and strengthening all Federal and State laws protecting the work

standards governing young women workers in particular;

(3) A program of Federal and State aid to education, assuring an opportunity for young workers now in industry, who qualify for entry into college, to do so;

(4) The establishment of strict controls over work of minors, and the strict enforcement of existing laws and the enactment of new State legislation to secure the full abolition of child labor below 16 years of age:

* * *

AMERICAN FEDERATION OF TEACHERS TWENTY-EIGHTH ANNUAL CONVENTION, CHICAGO, AUGUST 14-18, 1944

Services for Children

We further recommend that the American Federation of Teachers approve enlarged appropriations for such necessary services for children as:

* * *

6. The proper enforcement of child-labor laws.

* * *

School-Work Programs

Resolved, That the American Federation of Teachers endorse and support the standards for such school-work programs published in September, 1943, by the United States Office of Education, the War Manpower Commission, and the United States Children's Bureau, namely, that:

1. An advisory committee be set up by any school district finding such a program necessary, consisting of representatives chosen from the Manpower Commission, labor, industry, parent and civic groups concerned with the welfare of youth, the particular representative to be selected by each group.

2. Federal and State child-labor laws be obeyed, particularly in excluding youth under 16 from such a program.

3. Youth be protected from exploitation by adequate investigation and supervision of the job by school authorities to make sure that the work done has real educational value, pays standard wages, and is not detrimental to health.

4. Such a school-work program be part of the school counseling service.

* * *

ELEVENTH NATIONAL CONFERENCE ON LABOR LEGISLATION, WASHINGTON, DECEMBER 12-14, 1944

Report of Committee on Child Labor and Youth Employment Adopted by the Conference

* * *

The committee goes on record in favor of immediate action to establish under State laws a 16-year minimum age for all employment during school hours and for employment in manufacturing, mechanical, and processing establishments at any time. To avoid possible objections to the raising of State child-labor standards during the period of war production, when large numbers of young workers are employed, deferred effective dates might be provided for. With the raising of the minimum-age standard for work during school hours, the committee also recommends a 14-year minimum age for employment outside school hours and during vacation except in manufacturing, mechanical, or processing establishments, to which the 16-year minimum applies.

The need for limitation of night work for minors is recognized by the committee and it recommends that employment of children under 16 be prohibited between 6 p.m. and 7 a.m.; and that employment of 16- and 17-year-old minors be prohibited at least between 10 p.m. and 7 a.m.

The committee also urges the establishment of the following legal standards for employment of all minors under 18:

1. A maximum 8-hour day, 40-hour week, and 6-day week, with provision for a daily meal period of at least 30 minutes.

2. A maximum of 8 hours a day for combined school and work.

3. A prohibition of employment in hazardous occupations.

4. A requirement of employment certificates.

Your committee believes that all wartime modifications and relaxations of child-labor laws and regulations should be terminated as speedily as possible, and in any event immediately at the close of the hostilities.

The committee reaffirms the action of the Sixth National Conference on Labor Legislation in recommending legislation to provide double compensation for minors injured while illegally employed.

* * *

The committee views with concern the fact that under existing laws an unemployed worker is not eligible for unemployment compensation benefits if he is attending school. For a young person who might otherwise return to school this provides an incentive to idleness. The committee believes this matter should be made the subject of careful study with a view to finding ways and means of making it possible, at least for the young war workers who have interrupted their education to go to work during the war, to receive such benefits as educational allowances in lieu of unemployment compensation if they return to school.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

What the I. L. O. Recommends as to a Medical-Care Service

A Summary of Recommendation No. 69, Adopted at the Twenty-Sixth Session of the International Labor Conference, Philadelphia[1]

By HARRY J. BECKER

Medical Care Administration Consultant, U. S. Children's Bureau

Holding that availability of adequate medical care is an essential element of social security as contemplated by the Atlantic Charter, the International Labor Organization, at its general conference held at Philadelphia April 20 to May 3, adopted a recommendation to its member nations regarding general principles to be applied in developing a medical-care service, which are presented here.

In introducing this recommendation the International Labor Organization reminded its member nations that in the past it had taken a number of steps to promote development of medical-care services. It cited the fact that conventions with regard to workmen's compensation and sickness insurance, adopted at previous conferences of the I. L. O., have included medical-care requirements; also, that the Governing Body has made a practice of communicating to its members the conclusions reached through discussions by experts on such topics as the economical administration of medical and pharmaceutical benefits under sickness-insurance plans, and that the International Labor Office has acted as adviser to several countries when they were establishing social-insurance plans.

The I. L. O. in offering this proposal noted the desirability of taking further steps to improve and unify medical-care services, to extend such services to all workers and their families, including rural populations and the self-employed, and to eliminate inequitable situations, without prejudice to the right of any beneficiary of the medical-care service to arrange for medical care at his own expense.

Some of the general principles formulated by the I.L.O. to guide the member nations in developing their medical-care services along these lines are as follows:

Essential Features of a Medical-Care Service

The essential features of a medical-care service are: That such a service should fulfill the need of individuals for curative and preventive medical and hospital care; that the nature and extent of the care provided should be defined by law; that the adminstrators of the service should arrange for the care to be provided by the medical and allied professions; that the cost of the service should be met through regular payments—social-insurance contributions, taxes, or both.

Forms of Medical-Care Service

Medical care should be provided through either a social-insurance service or a public medical-care service. Under a social-insurance plan, not only all insured persons and their dependents should be entitled to care, but also persons not yet insured, the latter to be provided for through general or special tax funds. The plan should be financed by contributions from insured persons and from their employers and by public funds. Under a public medical-care plan every member of the community should be entitled to care, and the service should be financed through a progressive tax imposed for the purpose or from general revenues.

Persons Covered

The medical-care service should cover all members of the community, whether gainfully occupied or not.

Where medical care is provided through a social-insurance plan, all adult members of the community should be required to pay insurance contributions if their income is not below the subsistence level. The dependent wife or husband of a contributor should be insured by virtue of the breadwinner's contribution, without any additional payment.

All children (that is to say, all persons who are under the age of 16 years, or such higher age as may be prescribed, or who are dependent on others for regular support while continuing their general or vocational education) should be insured in virtue of the contributions paid by or on

[1]Based on Official Bulletin, Vol. 26, No. 1 (June 1, 1944), pp. 29-45. International Labor Office, Montreal.

behalf of adult insured persons in general, and no additional contribution should be required of their parents or guardians.

Any children not insured because the service does not yet extend to the whole population should be insured by virtue of the contribution paid by or on behalf of their father or mother without any additional contribution being required on their behalf. Children for whom medical care is not so provided should receive it at the expense of the competent authority.

Where any person is insured under a scheme of social insurance for cash benefits or is receiving benefits under such a scheme, he and his qualified dependents should also be beneficiaries under a medical-care service.

Where medical care is provided through a public medical-care service, the provision of care should not depend on any qualifying conditions, such as payment of taxes or compliance with a means test, and all beneficiaries should have an equal right to the care provided.

Range of Service

Complete preventive and curative care should be available at any time and place to all members of the community covered by the service, on the same conditions, without any hindrance or barrier of an administrative, financial, or political nature, or otherwise unrelated to their health.

The care afforded should comprise both general-practitioner and specialist out- and in-patient care, including domiciliary visiting; dental care; nursing care at home or in hospital or other medical institutions; the care given by qualified midwives and other maternity services at home or in hospital; maintenance in hospitals, convalescent homes, sanatoria, or other medical institutions; so far as possible, the requisite dental, pharmaceutical, and other medical or surgical supplies, including artificial limbs; and the care furnished by such other professions as may at any time be legally recognized as belonging to the allied professions.

All care and supplies should be available at any time and without time limit, when and as long as they are needed, subject only to the doctor's judgment and to such reasonable limitations as may be imposed by the technical organization of the service.

Organization

The optimum of medical care should be made readily available through an organization that ensures the greatest possible economy and efficiency by the pooling of knowledge, staff, equipment, and other resources and by close contact and collaboration among all participating members of the medical and allied professions and agencies.

The whole-hearted participation of the greatest possible number of members of the medical and allied professions is essential for the success of any national medical-care service. The number of general practitioners, specialists, dentists, nurses, and other professional workers should be adapted to the distribution of the beneficiaries and their needs.

In order that the most complete and up-to-date diagnostic and treatment facilities may be made available to participating physicians, group practice at centers carried on in cooperation with hospitals is considered preferable, but pending establishment of such practice it is appropriate that patients be cared for by members of the medical and allied professions practicing at their own offices.

Whether hospitals and medical or health centers are to be established in a locality by the authorities administering the medical service depends upon the concentration of the population, the existing facilities for care, and the distribution of physicians, both general practitioners and specialists. For serving areas with a scattered population, remote from towns or cities, the medical service should provide traveling clinics in motor trucks or aircraft, equipped for first aid, dental treatment, general examinations, and possibly for other health services such as those for mothers and infants. Also arrangements should be made for free conveyance of patients to medical and health centers and to hospitals.

Coordination of Medical Care With Health Services

So far as possible medical care should be coordinated with general health services. This coordination may take place either through collaboration between social-insurance institutions providing medical care and authorities administering health services, or through the combination of medical care and health services. Efforts toward coordination may include establishment of medical-care centers close to health centers or of centers where the medical staff may provide not only treatment, but also such health services as immunization, examination of school children, and advice to pregnant women and mothers of infants.

Maintenance of High Standards

The medical-care service should aim at providing the highest possible standard of care, and due regard should be paid to the importance of the doctor-patient relationship and the professional and personal responsibility of the doctor.

The beneficiary should have the right to choose, among the participating general practitioners and

dentists within a reasonable distance from his home, a family doctor and a family dentist. Where care is provided at health centers the beneficiary has a right to choose his center, within a reasonable distance from his home, and to choose a doctor and a dentist from those on the staff of this center. He may also change his family doctor and dentist for a good reason such as lack of confidence. The general practitioner and the dentist should have the right to accept or refuse a patient, but should not be permitted to accept more patients than a prescribed maximum nor to refuse a patient assigned him by the service through impartial methods. The care given by specialists and by nurses, midwives, and others should be available through the family doctor. Special provision should be made for obtaining care from a specialist upon the request of the patient even though it is not recommended by the family doctor.

The medical-care service should require high standards of education, training, and licensing and should develop and keep up to date the skill and knowledge of those engaged in the service. Professional education and research should be promoted with the financial and legal support of the State.

Arrangements With Medical and Allied Professions

The working conditions of doctors and members of allied professions participating in the medical-care service should be designed to relieve them from financial anxiety by providing adequate income during work, leave, and illness and after retirement, and pensions to their survivors. Their professional discretion should not be restricted otherwise than by professional supervision. Arrangements with regard to full-time salary, part-time salary, fees for services rendered, and capitation fees depend partly upon such conditions as the number of beneficiaries covered by the service. General practitioners, specialists, and dentists, working for a medical-care service covering the whole of the population or a large majority of it, may appropriately be employed whole time for a salary, with adequate provision for leave and so forth, if the medical profession is adequately represented on the body employing them.

Professional supervision of members of the medical and allied professions working for the service should be entrusted to bodies predominantly composed of representatives of the professions concerned. There should be provision for disciplinary measures and for appeal.

Beneficiaries should have the right to submit complaints to arbitration bodies.

Financing

Under a social-insurance plan the maximum contribution that may be charged to an insured person should not exceed such proportion of his income as, applied to the income of all insured persons, would yield an income equal to the probable total cost of the medical-care service. The amount paid by the insured person should be such as he can bear without hardship, and employers should be required to pay part of the maximum contribution on behalf of their employes. Persons whose income does not exceed the subsistence level should not be expected to contribute. Equitable contributions should be paid by the public authority on their behalf; if such persons are employed the contributions may be paid wholly or partly by their employers. The cost of the medical-care service not covered by contributions should be borne by taxpayers.

Under a public medical-care service, where the whole population is covered by the medical-care service and all general health services are under unified administration, the medical-care service may appropriately be financed out of general revenue. If the administration of the medical-care service is separate from that of the general health services a special tax, to be paid into a separate fund, may be used to finance the medical-care service.

Administration

A central authority, representative of the community, should be responsible for formulating the health policies and for supervising all medical care and general health services, subject to consultation and collaboration with the medical and allied professions on all professional matters. The beneficiaries also should have a voice in the administration of the service. The central Government agency should keep in touch with the beneficiaries through advisory bodies comprising representatives of organizations of different sections of the population such as trade unions, employers' associations, chambers of commerce, farmers' associations, women's associations, and child-protection societies.

Local administration of medical care and general health services should be unified or coordinated within areas formed for the purpose, and the medical-care service in the area should be administered by, or with the advice of, bodies representative of the beneficiaries of the medical and allied professions, so as to safeguard the interests of the beneficiaries and of the professions, the technical efficiency of the service, and the professional freedom of the participating doctors.

A limited supply of reprints of this article will be available from the Children's Bureau, Washington 25, D. C.

THE WORLD'S CHILDREN

Tooth Decay in Preschool Children; Sweden

By Anna Kalet Smith
Office of the Chief, U. S. Children's Bureau

Scarcity of information on the condition of the teeth of preschool children in Sweden and other countries has impelled Professor Bertil Roos of the Pediatric Clinic, University of Lund, to make a study of the subject. The report of this study, which was begun in 1938, has been published in Acta Paediatrica, Lund (Vol. 31, 1944, Supplement I, pp. 1–384).

Unlike other writers on this subject, who have studied only small selected groups of children, mostly in kindergartens, the author decided to obtain as wide a cross-section as possible of the preschool population of Sweden. To this end he selected a typical city and rural district; he visited the families there, examined the children's teeth, and obtained other information in an effort to ascertain the medical and social implications of dental decay in the preschool child. In consequence, the report includes data on the economic condition of the families, methods of feeding the children in infancy, history with regard to rickets and administration of vitamin D, weight at birth, dental treatment, and medical supervision in infancy. Throughout the report distinction is maintained between city and rural children and those from the three income groups into which the families were divided.

The material consists of information concerning 2,593 children varying in ages from 1½ to 7 years, boys and girls and city and rural children in nearly equal numbers. The children between the ages of 3 and 7 years constituted two-thirds of the child population in the localities studied.

Among the children 3 to 7 years of age those from well-to-do city families showed a smaller percentage of dental decay than those from families with a moderate or low income either in the city or the rural district. No difference could be found among the children from the three income groups in the rural district, except that children of farm owners made a slightly better showing than those of farm hands. On the whole, dental decay was more frequent among children in the city than in the rural district.

Of the children between the ages of 1½ and 2 years, 23 percent had decayed teeth; this percentage gradually increased to 95 percent for children more than 5 years of age. There was no perceptible difference in this respect between the boys and girls.

Breast feeding for at least 6 months was reported for 42 percent of the city children; 17.6 percent either had never been breast-fed or had been breast-fed for not more than one month; for rural children the corresponding percentages were 50 percent and 15.4 percent. Breast feeding was least prevalent among the low-income families. The duration of breast feeding seems to have had no significant effect on the incidence of dental decay.

Rickets was found, either through symptoms in the bones or through hospital diagnosis, in 16 percent of the city children and 18 percent of the rural children; its presence or absence made no positive difference in the extent of dental decay. The same is true of the administration of vitamin D in the first two winters of the child's life. Vitamin D had not been given to 39 percent of the city children nor to 70 percent of those in the rural district; it had been given in sufficient amounts to 9 percent and 1 percent of the children respectively, and in smaller amounts to the remaining children. The findings in this respect were more favorable among the children of the higher-income groups.

In prematurely born children (those with a weight below 2,500 grams) the frequency of tooth decay did not differ significantly from that in children who weighed more than 3,000 grams at birth.

According to statements by the parents about 40 percent of the children examined had had toothache at one time or another. Toothache was more frequent among children in the city than in the rural district; and in the city it was least frequent among the children of the well-to-do parents. Of the children who had had toothache 75 percent had failed to receive dental treatment. This is attributed by the author to lack of understanding by the parents of the importance of caring for the deciduous teeth.

Dental treatment was given to 19 per cent of the

city children with caries and 7 percent of those in the rural district. The largest number of cases in which treatment other than extraction had been given occurred among the children of the well-to-do city families; the next largest number was among the children from the moderate-income city families. Fewer of the rural children in these two income groups had been given treatment other than extraction. The needed treatment had been given to less than 1 percent of the children. Both in the city and country extraction was the only treatment that had been given to children in the low-income group. This was generally true also of children of the moderate-income families in the rural district.

Medical supervision in infancy had been reportedly lacking in 40 percent of the city children and 85 percent of those in the rural district. Both in the city and the rural district the percentage of children who had received any medical supervision, whether by a physician, or at a public clinic, or at a public well-baby center, was higher among the higher-income families. The author adds in conclusion that medical supervision of infants was reported to be more extensive after 1938, the year of the field study.

ARGENTINA

Regulations on Child Labor and Apprenticeship

Under regulations on child labor and apprenticeship issued in Argentina in the summer of 1944, the maximum working hours of minors between 14 and 16 years of age have been reduced to 4 hours a day and 24 hours a week. (Under the law of 1924 these hours were 6 and 36 hours respectively.) For all persons over 16 the working hours are 8 a day and 48 a week; heretofore minors between 16 and 18 could not be employed more than 6 hours a day and 36 hours a week.

Medical examination has been made compulsory for every minor under 18 years of age, before admission to employment and periodically therafter. Organization of medical care for young workers is also prescribed by the new regulations.

Employed minors between the ages of 14 and 16 who are not apprentices and who have not finished the primary course required by the school-attendance law must attend school in their free time until they complete the sixth grade; after that, whether they serve as apprentices or not, they must attend a trade school if there is one in the locality.

Employed minors between the ages of 16 and 18 years who are not enrolled as apprentices are required to attend continuation school 10 hours a week for a period varying from 1 to 3 years, according to the trade. Instruction is to include general subjects and those pertaining to a trade.

Courses for apprentices are to be organized by industrial establishments and by the Department of Labor and Social Welfare; vocational guidance is to be given by this department.

To administer these regulations and to provide facilities for young workers' rest and recreation, a Bureau of Apprenticeship and Child Labor is to be set up in the Department of Labor and Social Welfare.

Boletín Oficial de la República Argentina, July 13, 1944.

BRAZIL

Child-Health Services in São Paulo

Some of the public child-health services conducted in the city of São Paulo by the Government of Brazil may be described as follows:

Seven child-health centers situated in different parts of the city are under the direct supervision of the Department of Health of São Paulo. Each center includes an infant-health center, a health center for preschool children, a prenatal clinic, a milk station, a vermin-removal station, a trachoma clinic, and an ultraviolet-ray clinic.

There is a division of school health in the Bureau of Education, which is a part of the Department of Education and Health. This division employs 50 physicians to supervise the health of the school children. There is also a central out-patient clinic with a laboratory and X-ray department, and special clinics.

The Division of Child Health was established under a Government decree in 1938 for the direction of the child-health services. This division makes studies and investigations of problems related to child health and formulates medical and sanitary plans to be followed by all child-welfare services, whether public or private.

The Division of Child Care, established in 1938, studies the following problems: (1) Premarital and prenatal examinations as eugenic measures, (2) the causes of infant mortality, and (3) nutrition of the infant and the expectant and nursing mother. An out-patient clinic is attached to the division.

The Division of Social Service takes care of neglected and deserted children and maintains receiving homes and institutions for children.

The Division of Public Health maintains a 200-bed hospital for tuberculous children.

The Government is now studying a plan for a State Department of Child Welfare which would have charge of all child-welfare and child-health services, whether public or private.

A Manha, Rio de Janeiro, June 15, 1944.

• EVENTS OF CURRENT INTEREST •

Stay in School

With a new school semester opening the first of February stay-in-school drives are being carried on in a number of cities. The success of many cities and States in conducting go-to-school drives last fall has encouraged leaders in many communities to renew the drive at the end of the term. The usefulness of community committees in giving impetus to participation by many groups in the community was well demonstrated in the fall campaigns. For example, Memphis, Tennessee, carried out a very popular and successful campaign through the Memphis Youth Service Council; Fort Worth, Texas, through a community committee headed by the president of the school board; and Dallas, Texas, through the leadership of the Council of Social Agencies. Representatives of the Junior Chamber of Commerce interviewed personnel managers, ministerial associations, and so forth, enlisted the participation of church groups, and street-car placards, service-club bulletins and radio programs helped spread the word.

The Minneapolis public schools reported: "In the face of a tightening labor market and a normally declining high-school enrollment, fewer students dropped out this year than last year, when no such intensive campaign was conducted."

A limited number of copies of the National Go-to-School Handbook for Communities, issued by the Children's Bureau and the United States Office of Education, are still available on request to the Bureau.

Child Welfare Information Service To Issue Weekly Bulletin

The Child Welfare Information Service has recently been organized, with headquarters at 930 F St., NW, Washington 1. This organization will issue a weekly bulletin of information on proposed Federal legislation in the fields of housing, education, economic security, health, and social welfare as such legislation affects children, as well as information on programs carried on by Federal agencies in these fields. The bulletin will be available to organizations interested in work for children. The officers of the Child Welfare Information Service are: Mrs. Eugene Meyer, president; Dorothy Canfield Fisher, vice president; Gertrude Folks Zimand, secretary; and George J. Hecht, treasurer.

Death of Dr. Blanche Moore Haines

Workers in the children's field are grieved to learn of the death of Dr. Blanche Moore Haines, who died at Three Rivers, Mich., November 9, 1944.

Dr. Haines was director of the Children's Bureau maternal and infant-health activities during 4 of the 7 years of cooperation between the United States Government and the States in promoting the welfare and hygiene of mothers and infants under the Sheppard-Towner Act, otherwise known as the Maternity and Infancy Act. Under Dr. Haines' leadership State maternal and child-health services expanded rapidly throughout the country. These expanded State services became the foundation for the present programs in this field, which are being carried forward under the provisions of the Social Security Act.

Dr. Haines was known for her great interest in the health and welfare of mothers and children, for her qualities of leadership, integrity, and unselfish devotion to duty, and for her kindly manner. The contributions that she made to the early development of maternal and child-health services in the States were of great importance.

"Know your public-health nurse—who she is, what she does" is the slogan for the first National Public-Health-Nursing Day, January 26, 1945. This observance has been planned to promote better understanding of the public-health nurse and her role in helping to protect the health of the family, the community, and the Nation. Further information may be obtained from the National Organization for Public Health Nursing, 1790 Broadway, New York 19, N. Y.

February 7, 1945 will be Social-Hygiene Day, which is observed annually. Further information may be obtained from the American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.

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